

NOTICE OF PATIENTS' RIGHTS



Your Rights Are:

1. You have the right to be treated with courtesy, respect, and dignity.
2. You have the right to receive the highest quality of care.
3. You have the right to receive care in a place free of architectural barriers if you have a limiting physical condition, and without regard to race, sex, religious affiliation, ethnicity, or sexual preference.
4. You may request at any time the name and specialty of the person who is responsible for the program that is providing your service and how (s)he may be contacted.
5. You have the right to ask and know about the qualifications of the people who are helping you, and the qualifications of those responsible for your care.
6. You have the right to privacy during treatment within the capacity of Aspire Health Alliance.
7. You have the right to confidentiality of the information shared to the extent provided by law. In clinics providing alcohol and drug treatment, you have the right to confidentiality of the alcohol and drug treatment records maintained by the program which is protected by Federal law and regulations 42 CFR, Part 2. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

There are certain situations in which we will reveal information:

- with your written permission;
 - to protect the safety of yourself and others when required by law;
 - to courts in certain legal proceedings;
 - incidents regarding abuse of children, elderly persons or disabled persons when required by law;
 - to accreditation bodies, state funding agencies and third party payers conducting required record reviews;
 - to authorized supervisory staff and quality of care reviewers at Aspire Health Alliance for treatment planning purposes and coordination of care among Aspire Health Alliance staff and/or authorized consultants;
 - according to law.
8. You have the right to a prompt and adequate response to reasonable requests made within the capacity of Aspire Health Alliance.
 9. You have the right to be informed and to give consent to the risks and possible side effects of any medication and treatments prescribed by professional staff.
 10. You, and/or your guardian, and your service provider will review your treatment plan periodically. You have the right to ask your Service Provider or the Program Director for a re-evaluation or consultation with another service provider. You have the right to receive information necessary to give informed consent prior to the start of any treatment. You also have the right to be informed of any alternative treatment or procedures that may be available to you. In Department of Mental Health/Department of Mental Retardation funded programs, you have the right to appeal your treatment plan to their Area Office.

11. You have the right to request to inspect your record and to request a copy of your record (for a reasonable fee, if applicable), thereof in accordance with Massachusetts General Law, Chapter 111, Section 70E. Requests should be addressed to your Service Provider and the Program Director in writing. A signed Authorization Form is required for requests for copies of your record.
12. You, and/or your guardian must give informed consent before being involved in an experimental procedure or research study conducted by Aspire Health Alliance or any other agency associated with Aspire Health Alliance. You have the right to know the qualifications of the researchers, any risks that may be involved, and you have the right to refuse to participate without jeopardizing your care in the programs.
13. You have the right to refuse to be observed, examined, or treated by students or any other facility staff without jeopardizing your care in the programs.
14. You will receive an explanation of the basis on which your fee is set. The current fee schedule is available to you upon request and is posted in the outpatient service area.
15. If you wish to be referred to another agency or practitioner, every effort will be made to refer you to the most appropriate resources.
16. You have the right to freedom of choice to select a facility, a physician, or health service mode, except in the case of emergency medical treatment or as otherwise provided for by contract, or except in the case of a patient or resident of a facility named in Massachusetts General Law, Chapter 19, Section 14; provided, however, that the physician, facility, or health service mode is able to accommodate the patient exercising such right of choice.
17. You have the right, upon request, to receive a copy of an itemized bill or other statement of charges submitted to any third party by Aspire Health Alliance for your care and to have a copy of the itemized bill or statement sent to your attending practitioner.
18. You have the right, upon request, to receive an itemized bill including third party reimbursements paid toward your bill, regardless of the sources of payment.
19. You have the right, upon request, to obtain an explanation as to the relationship, if any, of Aspire Health Alliance to any other health care facility or educational institution insofar as this relationship relates to your care or treatment.
20. You have the right, upon request, to obtain an explanation as to the relationship, if any, of your practitioner to any other health care facility or educational institutions insofar as this relationship relates to your care or treatment. This explanation will include your practitioner's ownership or financial interest, if any, in the facility or other health care facilities insofar as this ownership relates to your care or treatment.
21. You have the right to prompt lifesaving treatment in an emergency without discrimination due to economic status or source of payment, and without delaying treatment for purposes of prior discussions of the source of payment, unless such delay can be imposed without material risk to your health. This right shall also extend to those persons not already patients or residents of a facility if said facility has a certified emergency care unit.
22. You have the right, if refused treatment because of economic status or the lack of a source of payment, to prompt and safe transfer to a facility which agrees to receive and treat you. Said facility refusing to treat you shall be responsible for contacting a facility willing to treat you; arranging the transportation; accompanying you with necessary and appropriate professional staff to assist in the safety and comfort of the transfer; assuring that the receiving facility assumes the necessary care promptly; and provision of pertinent medical information about your condition and maintaining records of the foregoing.
23. In our attempt to provide the highest possible quality of care, we engage regularly in program evaluation procedures. If you are contacted regarding a program evaluation, you have the right to refuse to participate without affecting your treatment.
24. You have the right to ask for a copy of any rules or regulations which apply to your conduct as a patient or resident.

25. You have the right, upon request, to ask for information pertaining to financial assistance and free health care.
26. In the case of a patient suffering from any form of breast cancer, you have the right to complete information on all alternative treatments which are medically viable. Except in cases of emergency surgery, at least ten days before a physician operates on a patient to insert a breast implant, the physician shall inform the patient of the disadvantages and risks associated with breast implantation. The information shall include, but not be limited to, the standardized written summary provided by the department. The patient shall sign a statement provided by the department acknowledging the receipt of the standardized written summary. Nothing shall be construed as causing any liability of the department due to any action or omission by the department relative to the information provided pursuant to this right.
27. In the case of a maternity patient, at the time of pre-admission, you have the right to complete information from an admitting hospital on its annual rate of primary caesarean sections, annual rate of repeat caesarean sections, the annual rate of total caesarean sections, the annual percentage of women who have had a caesarean section who have had a subsequently successful vaginal birth, the annual percentage of deliveries in birthing rooms and labor delivery-recovery rooms or labor-delivery-recovery-post-partum rooms, the annual percentage of deliveries by certified nurse-midwives, the annual percentage which were continuously externally monitored only, the annual percentage which were continuously internally monitored only, the annual percentage which were monitored both internally and externally, the annual percentage utilizing intravenous, inductions, augmentation, forceps, episiotomies, spinals, epidurals and general anesthesia, and the annual percentage of women breast-feeding upon discharge from said hospital.
28. A facility shall require all people, including students who examine, observe or treat a client, to wear an identification badge which readily discloses their first name, their licensure status, if any, and their staff position.

“Any person whose rights under this section are violated may bring, in addition, to any other action allowed by law or regulation, a civil action under sections 60B to 60E, inclusive, of chapter two hundred and thirty-one.

No provision herein shall apply to any institution operated by and for persons who rely exclusively upon treatment by spiritual means through prayer for healing, in accordance with the creed or tenets of a church or religious denomination or patients whose religious beliefs limit the forms and qualities of treatment to which they may submit.

Provision herein shall be construed as limiting any other right or remedies previously existing at law.”(Massachusetts General Law, Chapter 111, Section 70E)